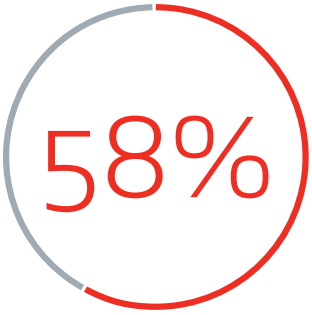
PFO CLOSURE META-ANALYSIS

"Meta-analysis comparing patent foramen ovale (PFO) closure versus medical therapy to prevent recurrent cryptogenic stroke" as published in the *American Journal of Cardiology*

Meta-analysis of five randomized controlled trials (RCTs) found PFO closure plus medical management significantly reduces the risk of recurrent stroke compared to medical management alone.[1]



Relative recurrent stroke risk reduction with PFO closure plus medical therapy versus medical therapy alone[1]

Stroke events
(p = .03)

Closure (N = 1829)	Medical (N = 1611)
37 (2%)	72 (4.5%)

Major bleeding
(p = .93)

No increased risk of major bleeding with PFO closure[1]

Closure (N = 1760)	Medical (N = 1523)
24 (1.4%)	19 (1.2%)

Atrial fibrillation (AF)
(p = .0001)

Increased risk of AF with PFO closure[1]

Closure (N = 1784)	Medical (N = 1607)
76 (4.3%)*	12 (.7%)*

71% (54 / 76) of AF events were considered transient[1]

* Newly detected AF.

3,440 Patients

- Cryptogenic stroke† and PFO‡
- Mean age range: 43–50
- Mean follow-up: 4.1 years

1,829 PFO closure group

- Devices varied
- Medical therapy regimen: Varied per study — Antiplatelet, anticoagulation or both

1,611 Medical therapy group

- Medical therapy regimen: Varied per study — Antiplatelet, anticoagulation or both

RCTs: Closure 1-2012[2], PC Trial-2013[3], REDUCE-2017[4], RESPECT-2017[5] and CLOSE-2017[6]

† Variable rates of cardiovascular risk factors.

‡ Variable rates of high-risk PFO features.

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